

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 596 489

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5	2		1			
6	2		1			
7	2		1			
8	①		1			
9	①		1			
10	①		1			
11	①		1			
12	①		1			
13	①		1			
14	2		1			
15	2		1			
16	①		1			
17	①		1			
18	①		1			
19	①		1			
20	2		1			
21	2		1			
22	2		1			
23	2		1			
24	2		1			
25	①		1			
26	①		1			
27	①		1			
28	①		1			
29	⑥		1			
30	⑥		1			
31	⑥		1			
32	⑥		1			
33	⑥		1			
34	①		1			
35	①		1			
36	①		1			
37	①		1			
38	①		1			
39	①		1			
40	①		1			
41	①		1			
42	①		1			
43	①		1			
44	①		1			
45	⑥		1			
46	⑥		1			
47	⑥		1			
48	⑥		1			
49	⑥		1			
50	⑥		1			
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS			[REDACTED]		[REDACTED]	[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	①		1		1	
52	①		1		1	
53	①		1		1	
54	①		1		1	
55	①		1		1	
56	①		1		1	
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	2		↓	2	↓	↓
TOTAL DEP.	64		←	54	←	←
TOTAL CLAIMS	64		[REDACTED]	54		[REDACTED]